

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/656827

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	79	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	79 minus 20=	* 59
INDEPENDENT CLAIMS	33 minus 3 =	* 30
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
XS18=	1062
X86=	2580
+290=	8
TOTAL	4412

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

1. 16. 23. 24. 28. 43. 50. 51. 55. 56. 58. 59. 60. 62. 63. 64. 65. 66. 67. 68. 69. 70. 70. 71. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80.

| | | | | | |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| XS 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| XS18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

| | | | | | |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| XS 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| XS18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.